



# Comparison Chart

for health insurance

We have provided you with this chart to help you make an informed decision about which health insurance plan is best for your family. Compare the benefits, co-pays and premiums for health insurance between CHIP and your employer's health insurance plan. Decide if it is better to a) Insure your child with CHIP; or b) Insure your child with your employer's health insurance and receive up to \$100 per child from UPP.

BENEFITS (per plan year)	UPP & EMPLOYER'S INSURANCE CO-PAY	CHIP CO-PAY PLAN A*	CHIP CO-PAY PLAN B*	CHIP CO-PAY PLAN C*
<b>OUT-OF-POCKET MAXIMUM</b>		5% of family's annual gross income	5% of family's annual gross income	5% of family's annual gross income
<b>PREMIUM</b>	UPP pays you up to \$100 per child every month	\$0	\$30/family/quarter	\$60/family/quarter
<b>PRE-EXISTING CONDITION</b>		No waiting period	No waiting period	No waiting period
<b>DEDUCTIBLE</b>		None	None	\$250/person; \$500/family for inpatient, outpatient hospital and major diagnostic services
<b>WELL-CHILD EXAMS</b>		\$0	\$0	\$0
<b>IMMUNIZATIONS</b>		\$0	\$0	\$0
<b>DOCTOR VISITS</b>		\$3	\$5	\$20
<b>SPECIALIST VISITS</b>		\$3	\$5	\$25
<b>EMERGENCY ROOM</b>		\$3	\$5	\$75
<b>AMBULANCE</b>		\$3	5% of total	20% of total
<b>URGENT CARE CENTER</b>		\$3	\$5	\$25
<b>AMBULATORY SURGICAL &amp; OUTPATIENT HOSPITAL</b>		\$3	5% of total	10% after deductible
<b>INPATIENT HOSPITAL SERVICES**</b>		\$25	\$100	10% after deductible
<b>LAB AND X-RAY</b>		\$0 for x-ray/lab tests under \$350; \$3 for x-ray/lab tests over \$350	\$0 for x-ray/lab tests under \$350; 5% of total for each test over \$350	\$0 for x-ray/lab test under \$350; 20% of total for each test over \$350, after deductible
<b>SURGEON</b>		\$0	\$0	\$0
<b>ANESTHESIOLOGIST</b>		\$0	\$0	\$0
<b>PRESCRIPTIONS</b> - Preferred Generic Drugs - Preferred Brand Name Drugs - Non-Preferred Drugs		GENERIC - \$1 for drug under \$50; \$3 for drug over \$50 BRAND NAME - \$1 for drug under \$50; \$3 for drug over \$50 NON-PREFERRED - 5%	GENERIC - \$5 BRAND NAME - \$5 NON-PREFERRED - 5% of total	GENERIC - \$10 BRAND NAME - 25% of discounted cost up to a 30-day supply, \$5 min. NON-PREFERRED - 50% of discounted cost up to a 30-day supply, \$5 min.

\* Co-pay plans are based on your income. American Indian/Alaska Natives will not be charged co-payments, premiums, or a deductible.

\*\* Requires prior authorization or pre-notification.

<b>BENEFITS (per plan year)</b>	<b>UPP &amp; EMPLOYER'S INSURANCE CO-PAY</b>	<b>CHIP CO-PAY PLAN A*</b>	<b>CHIP CO-PAY PLAN B*</b>	<b>CHIP CO-PAY PLAN C*</b>
<b>DENTAL</b> - Exams, Fluoride, etc. - Selected Fillings, Crowns, etc.	UPP pays you an additional \$20 per child every month	- \$0 - \$3	- \$0 - \$5	- \$0 - 20% of total
<b>MENTAL HEALTH**</b> - Inpatient Hospital  - Outpatient Visit		- \$25 (20 day limit)  - \$3 (20 visit limit)	- \$100 (20 day limit)  - 5% of total (20 visit limit)	- 30% after deductible (20 day limit) - 30% of total (20 visit limit)
<b>PHYSICAL THERAPY</b>		\$3 (20 visit limit)	\$5 (20 visit limit)	\$25 (20 visit limit)
<b>CHIROPRACTIC VISITS</b>		\$3 (8 visit limit)	\$5 (8 visit limit)	\$25 (8 visit limit)
<b>HOME HEALTH AND HOSPICE CARE**</b>		\$3	5% of total	10% of total
<b>MEDICAL EQUIPMENT &amp; MEDICAL SUPPLIES**</b>		\$3	5% of total	20% of total
<b>DIABETES EDUCATION</b>		\$0	\$0	\$0
<b>VISION SCREENING</b>		\$3 (limit 1)	\$5 (limit 1)	\$20 (limit 1)
<b>HEARING SCREENING</b>		\$3 (limit 1)	\$5 (limit 1)	\$20 (limit 1)